TOTAL

. ADO'L FEE

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Under the Pepework Reduction Act of 1985, an persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber
10/165065 Substitute for Form PTO-87.5 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Çolumn 2). NUMBER FILED FOR HUMBER EXTRA RATE FFF RATE FEE BASIC FEE (37 CFR 1.18(4)) TOTAL CLAMS (37 CFR 1.18(4)) OR arbus 20 = X & OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR

MALTIPLE DEPENDENT CLAIM PRÉSENT (37 CFR 1.18(6))					<u> </u>	<u> </u>	OR .		
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	770
	CLAIMS !			•	•	7			
Ŀ			(Column 3)	SMALL	SMALL ENTITY		OTHER THAN		
ENTA	9/29/7 REMA	MING ER MENT	HOCHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	car or a function	Mirers	90		X 8=		OR	X 4=	
ŀΣ	(17 GFR 1.1603)	2 Minus	7	<u>/</u>	×1		OR	x s	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.16(0))					<u> </u>		OR	4-8	
/	1	•			ADO'L FEE		,OR	TOTAL ADOL FEE	
HMDT (Column 1) (Column 2) (Column 3)									
NT B	HI3015 REMAIL AFTI AMEND	NING .	MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL PEE	. · .	RATE	ADOI- TIONAL FEE
ENDMENT	Total	Minus	20	•	× 4		OR	X 8	- ()
	Independent OF OFR LISED	3. Minus	3	•	× 4 •		OR	- X 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFK 1.18(4))					+ 8	•	OR	+1 1	
AMDT (Cotumn 1) (Cotumn 2) (Cotumn 2)					TOTAL ADOL FEE		CR	TOTAL ADD'L FEE	
S	Alacki REMAR	AS .	(Column 2) HIGHEST NUMBER	(Column 3) PRESENT		T	\ 'I		
	AFTE AMENDI	R MENT	PAID FOR	EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Cotos s'indos.	- Affines	30.	- marin	X 8/-	·	OR	x s	
KEN	independent .pr cFR.1,trp3	Minus	3		X 8	\.	ÖR	x s	
AM	FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLASS (37 CFR 1.15(0))				+5		OR	+ 4=	

* If the entry in column 1 is less than the entry in column 2, write "of in column 3, order "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" [I otal or independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form anidor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADO'L FEE